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**BEFORE THE BOARD OF PATENT APPEALS
AND INTERFERENCES**

Application Number: 09/616,276
Filing Date: July 14, 2000
Appellant(s): DUSSIA, EVAN E.

W. David Sartor
For Appellant

EXAMINER'S ANSWER

This is in response to the appeal brief filed August 17 th, 2005 appealing from the Office action mailed on June 06, 2003.

(1) Real Party in Interest

A statement identifying the real party in interest is contained in the brief.

(2) Related Appeals and Interferences

A statement identifying the related appeals and interferences which will directly affect or be directly affected by or have a bearing on the decision in the pending appeal is contained in the brief.

(3) Status of Claims

The statement of the status of the claims contained in the brief is correct.

(4) Status of Amendments After Final

The appellant's statement of the status of amendments after final rejection contained in the brief is correct.

(5) Summary of Invention

The summary of invention contained in the brief is correct.

(6) Issues

The appellant's statement of the issues in the brief is correct.

(7) Grouping of Claims

Appellant's brief includes a statement that claims 1-4 and 6-24 do not stand or fall together and provides reasons as set forth in 37 CFR 1.192 (c)(7) and (c) (8).

(8) Claims Appealed

The copy of the appealed claims contained in the Appendix to the brief is correct.

(9) Prior Art of Record

5772585	Lavin et al	6-1998
6206829	Iliff	3-2001
6347329	Evans	2-2002
5949875	Walker et al	9-1999

(10) Grounds of Rejection

The following ground(s) of rejection are applicable to the appealed claims:

Claims 1-4 and 6-24 are rejected under 35 U.S.C.103. The rejection is set forth in prior Office Action. The rejection is set forth below as it appears in the previous Office Action.

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

Claims 1, and 22-23 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lavin et al (5,772,585) in view of Iliff (6,206,829).

(A) As per claim 1, Lavin discloses a medical health record storage and retrieval system comprising:

an extraction module operable to extract a patient's medical diagnosis and treatment information from respective progress notes of a physician (See Lavin Col.1, lines 21-63 to Col.2, line 38; Col.9, lines 1-57).

a storage module configured to store the extracted diagnosis and treatment information in a logically connected database (See Lavin, Col.9, lines 40-67 to Col.10, line 11).

The teachings of Lavin do not explicitly disclose a server configured to allow web-enabled data sharing access to the stored database by authorized users using a remote or local web-enabled device.

However, this feature is known in the art, as evidenced by Iliff. In particular, Iliff suggests a server configured to allow web-enabled data sharing access to the stored database by authorized users using a remote or local web-enabled device (See Iliff, Col.73, lines 1-67 to Col.74, line 67).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Iliff within the teachings of Lavin with the motivation of providing a MDATA system which utilizes communication networks, such as the Internet, to connect a user or patient with the MDATA computer. The user utilizes a network access processor or computer to access the network so that medical diagnostic scripts can be executed on a script engine to generate medical advice or a diagnosis (See Iliff, Col.4, lines 46-67).

(B) As per claim 22, Lavin discloses the system further comprising a processor module configured to track users accessing the database, to bill the accessing users for each access of the database, and to allocate fees among entities associated with the respective medical diagnosis and treatment information accessed by respective users (Col.1, lines 21-67 to Col.2, line 38).

The motivation for combining the respective teachings of Lavin, and Iliff are as discussed above in the rejection of claim 1, and incorporated herein.

(C) As per claim 23, Lavin discloses the system wherein the processor module is further configured to control access of the database according to authorship of information in the database (Col.5, lines 36-67 to Col.6, line 44).

The motivation for combining the respective teachings of Lavin, and Iliff are as discussed above in the rejection of claim 1, and incorporated herein.

(D) As per claim 24, Lavin discloses the method further comprising controlling access of the database according to authorship of information in the database (Col.5, lines 36-67 to Col.6, line 44).

4. Claims 2-4, 6-8, 10-17, and 19-20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lavin et al (5,772,585) in view of Evans (6,347,329).

(A) As per claim 2, Lavin discloses a computerized method for managing respective health records of a plurality of patients, said method comprising:

uploading a progress note of a respective patient, said progress note comprising data relative to an encounter between a respective physician and the respective patient (See Lavin, Col.6, lines 1-57; Col.8, lines 61-67 to Col.9, line 29);

identifying on said progress note respective parameters selectable by the respective physician (See Lavin, Col.9, lines 9-65);

storing said progress note with said identified parameters in a database accessible to a plurality of authorized users (See Lavin, Col.9, lines 9-67; Col.10, line 11).

Lavin does not explicitly disclose populating said database with respective progress notes resulting from further encounters between the respective patient and any respective physician so as to create a historical set of progress notes for that respective patient.

However, this feature is known in the art, as evidenced by Evans. In particular, Evans suggests populating said database with respective progress notes and respective identified parameters resulting from further encounters between the respective patient and any respective physician so as to create a historical set of progress notes with identified parameters for that respective patient, the set of historical progress notes being interconnectable based on one or more logic operators (See Evans Col.7, lines 46-67 to Col.8, line 65; Col.12, lines 3-67).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Evans within the system of Lavin with the motivation of providing instant access to a patient's electronic medical record by authorized healthcare providers from any geographical location. Thus, the EMR system enables authorized healthcare providers to access and update patient files using wireless pen-based personal computers. To enable complete replacement of physical records, the present invention permits healthcare providers, such as physicians or nurse practitioners to electronically annotate patient data. Thus, a healthcare provider can acknowledge reviewing patient data, provide instructions, such as prescriptions for medication to administer to a patient, and approve recommendations for treatment by other providers, all by electronically annotating a patient's record. In addition, authorized healthcare providers can access a record while other providers use the same record allowing for real-time collaboration. The availability of electronic data permits instant, sophisticated analysis of patient data. Moreover, the EMR system enables enhanced

analysis of patient data by providing access to reference databases for diagnosis, procedures and medication (See Evans Col.2, lines 50-67 to Col.3, line 2).

(B) As per claim 3, Evans discloses the computerized method wherein the identified parameters are selected to convey a snapshot of said encounter (Col.6, lines 15-41).

The motivation for combining the respective teachings of Lavin, and Evans are as discussed above in the rejection of claim 2, and incorporated herein.

(C) As per claim 4, Evans discloses the computerized method wherein the identified parameters are selected from the group of consisting of diagnosis and prescription parameters (Col.11, lines 15-35).

The motivation for combining the respective teachings of Lavin, and Evans are as discussed above in the rejection of claim 2, and incorporated herein.

(D) As per claim 6, Evans discloses the computerized method wherein one of the logical operators comprises a chronology-indicative operator (Col.9, lines 43-67 to Col.10, line 22).

The motivation for combining the respective teachings of Lavin, and Evans are as discussed above in the rejection of claim 2, and incorporated herein.

(E) As per claim 7, Evans discloses the computerized method wherein one of the logical operators comprises a pathology-indicative operator (Col.1, lines 37-58).

The motivation for combining the respective teachings of Lavin, and Evans are as discussed above in the rejection of claim 2, and incorporated herein.

(F) As per claim 8, Evans discloses the computerized method wherein one of the logical operators comprises a pharmacology-indicative operator (Col.11, lines 1-41).

The motivation for combining the respective teachings of Lavin, and Evans are as discussed above in the rejection of claim 2, and incorporated herein.

(G) As per claim 10, Lavin discloses the computerized method wherein the database is accessible to the plurality of users through a communications network (Col.4, lines 43-59).

(H) As per claim 11, Evans discloses the computerized method wherein the communications network comprises the Internet (Col.12, lines 60-67).

The motivation for combining the respective teachings of Lavin, and Evans are as discussed above in the rejection of claim 2, and incorporated herein.

(I) Claim 12 differs from claim 2 by reciting a computer-readable medium encoded with computer program code for managing respective health records of a plurality of patients, the program code causing a computer to execute a method comprising:

As per this limitation, it is noted that Lavin discloses uploading a progress note of a respective patient, said progress note comprising data relative to an encounter

between a respective physician and the respective patient (Col.6, lines 1-57; Col.8, lines 61-67 to Col.9, line 29);

identifying on said progress note respective parameters selectable by the respective physician (Col.9, lines 9-65);

storing said progress note with said identified parameters in a database accessible to a plurality of authorized users (Col.9, lines 9-67; Col.10, line 11).

Evans discloses populating said database with respective progress notes and respective identified parameters resulting from further encounters between the respective patient and any respective physician so as to create a historical set of progress notes with identified parameters for that respective patient, the set of historical progress notes being interconnectable based on one or more logic operators (See Evans Col.7, lines 46-67 to Col.8, line 65; Col.12, lines 3-67).

Thus, it is readily apparent that these prior art systems utilize program code to perform their specified function.

The remainder of claim 12 is rejected for the same reason given above for claim 2, and incorporated herein.

(K) Claims 13-17 and 19-20 recite the underlying process steps of the elements of claims 3-11, respectively. As the various elements of claims 3-8 and 10-11 have been shown to be either disclosed by or obvious in view of the collective teachings of Lavin and Evans, it is readily apparent that the apparatus by the applied prior art performs the recited underlying functions. As such, the limitations recited in claims 13-17 and 19-20

are rejected for the same reasons given above for method claims 3-8 and 10-11, and incorporated herein.

5. Claims 9 and 18 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lavin et al (5,772,585) in view of Evans (6,347,329). as applied to claims 2 and 12 above, and further in view of Walker et al (5,949,875).

(A) As per claims 9 and 18, the collective teachings of Lavin and Evans do not expressly disclose tracking users accessing information in the database to process respective billing of the accessing users for each access of the database and allocating fees among entities associated with the respective information accessed by respective users. However, this feature is known in the art, as evidenced by Walker.

Walker discloses the computerized method further comprising tracking users accessing information in the database to process respective billing of the accessing users for each access of the database (See Walker Col.3, lines 5-23; Col.9, lines 65-67 to Col.10, line 15), and allocating fees among entities associated with the respective information accessed by respective users (Col.5-67 to Col.4, line 8).

The motivation for combining the respective teachings of Lavin, and Evans are as discussed above in the rejection of claim 2, and incorporated herein.

6. Claim 21 is rejected under 35 U.S.C. 103 (a) as being unpatentable over Lavin et al (5,772,585), Iliff (6,206829) in view of Walker et al (5,949,875).

(A) As per claim 21, Lavin discloses a medical health record storage and retrieval system comprising:

means for extracting a patient's medical diagnosis and treatment information from respective progress notes dictated by a physician (See Lavin Col.1, lines 21-63 to Col.2, line 38; Col.9, lines 1-57).

means for storing the extracted diagnosis and treatment information in a logically connected database (See Lavin Col.1, lines 21-63 to Col.2, line 38; Col.9, lines 1-57).

means for allowing web-enabled data sharing access to the stored database by authorized users using a remote or local web-enabled device; (See Iliff, Col.73, lines 1-67 to Col.74, line 67).

The motivation for combining the respective teachings of Lavin, and Iliff are as discussed above in the rejection of claim 1, and incorporated herein

The collective teachings of Lavin and Iliff do not expressly disclose means for tracking users accessing the database and for billing the accessing users for each access of the database, and for allocating fees among entities associated with the respective medical diagnosis and treatment accessed by respective users.

However, this feature is known in the art, as evidenced by Walker. In particular, Walker suggests means for tracking users accessing the database and for billing the accessing users for each access of the database, and for allocating fees among entities associated with the respective medical diagnosis and treatment accessed by respective users (See Walker, Col.3, lines 5-67 to Col.4, line 8).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Walker within the collective teachings of Lavin and Iliff with the motivation of providing a method and apparatus for using an access management computer to control a user's access digital data located at a data site, while causing a billing system to toll the user's access to the data (See Walker, Col.3, lines 5-23).

(11) *Response to Arguments*

In the Appeal Brief filed on 08/17/05, Appellant makes the following arguments:

In making these arguments, Appellant makes the following points:

(1) Lavin does not teach or suggest an "extraction module" that "extracts a patient's medical diagnosis and treatment information from respective progress notes as recited in claims 1, 22 and 23.

(2) Lavin does not appear to suggest running diagnosis scripts for patients over a network, nor does Iliff suggest using diagnosis scripts in a system for management of patient medical records.

(3) Lavin does not suggest creating a set of historical progress notes being interconnectable based on one or more logical operators, nor does Evans uploading progress notes, identifying parameters on progress notes, or storing progress notes as recited in claim 2. For all of the above reasons, neither Lavin nor Evans, alone or in combination, teaches or suggests the claimed invention. The rejection of claims 2-4, 6-

8, and 10-11 depending from claim 2, and claims 13-17 and 19-20 depending from claim 12 is not supported by the art and should be withdrawn.

(4) Neither Lavin, Evans, nor Walker, alone or in combination, teaches or suggests the claimed invention. Thus, the rejection of claims 9 and 18 are not supported by the art and should be withdrawn.

(5) Walker fails to teach or suggest the claimed feature of "allocating fees among entities associated with the respective information" as recited in claim 21.

Examiner will address Appellant's argument and related points in sequence as they appear in the Brief.

(1) With respect to Appellant first point of argument, the Examiner respectfully submitted that Lavin does suggest "The tables and relationships for the patient information screens shown in FIGS. 5-7 are shown in FIG. 23. As shown by the pointing relationships between the Patient Information table ("Patient.sub.-- Infor") 354 and the radially outlying tables 304, 332, 326, 334, 336, 378, 312 and 324. The Patient Information table 354 thus points to several other tables, thus allowing a variety of types of information to be retrieved by patient information such as patient name or number. The Diagnosis History table 312 also points to Diagnosis List 308, which allows the diagnosis history screen to retrieve the customized list of particular diagnoses listed in table 308. Similarly, the Vitals table 378 points to the User Information table 374, allowing access to the information contained in table 374 from the Vitals screen.

FIG. 24 illustrates the relationships among tables in the clinical screens described in FIGS. 13-20. Most of the relationships illustrated in the top half of FIG. 24 are explained in the discussion of Patient Information relationships of FIG. 23 above. As can be seen in FIG. 24, lab test information contained in table 346, which points to Lab Information table 368 and Lab Report table 344, points to Patient Information table 354, allowing retrieval of the lab information contained in tables 346, 368 and 344 via the patient information screens. The insurance information relating to labs and other insurance information contained in tables 340 and 336 are also linked to the Patient Information table 354.

In the lower half of FIG. 24, the Procedure History table 358, the Prescription table 356, and the progress table 362 have pointing relationships with each other. This allows, for example, information on progress to be retrieved from the prescription information screens, or for procedure history to be retrieved from the progress screens. These tables 358, 362, and 356 also point to the User Information Table 374 and Patient Information table 354. As shown in the figure, the Procedure History table 358 also points to a Custom Procedure list 310 and the Diagnosis History table 312. The Diagnosis History table 312 also points to the Custom Diagnosis table 308. The Progress table 362 is actually an index of information which points to and allows access to the related progress notes tables 364, 352, 350, 372, 370 and 330. Finally, the Prescription table 356 points to both the Prescription Instruction table 338 and the Prescription Dosage table 322" which correspond to Appellant's claimed feature (See Lavin, Col.15, lines 1-42). Therefore, Appellant's argument is not persuasive.

(2) With respect to Appellant second point of argument, the Examiner respectfully submitted that Lavin suggests "An important aspect of the presently preferred method is the ability for a physician to use a work station 14, either fixed or portable, to enter data, view patient history, and record diagnoses during the examination. At the beginning of the day when using a portable work station 14, or at a fixed work station in a examination room prior to a specific examination, a physician may select from the main menu screen 28 a clinical button 34 to access the clinical examination module. As best shown in FIG. 13, the physician first accesses the clinical module and then enters a password (at steps 150, 152). The password requirement ensures that only the proper personnel have access to patient information at the level permitted in the clinical module. After entering the password, the display 24 on the work station 14 produces a patient record screen through which the physician enters a patient's name to obtain the appropriate patient's information (at step 154). After selecting the appropriate patient file history, the physician may review the patient's demographics, allergy, habits and family history information as previously entered by the nurse or other physician (at step 156). An allergy warning is displayed to the physician at each point in the clinical module. The physician may then select another screen to review the vital signs that were entered by the nurse and also review the health history and problem list relating to this specific office visit (at step 158). The physician may revise or update any of the information in the patient's file as is appropriate. In a typical office visit, a physician will briefly review the patient history and vital signs as described above and then enter into the active portion of the examination, interviewing the patient and performing

appropriate tests, procedures and measurements. An integral part of this process is recording progress notes during the examination or at the conclusion of the examination. According to a preferred aspect of the present invention, the physician may enter progress notes at the work station 14 choosing either voice, text or pen input modes (at step 160). Preferably, the physician will enter his progress notes in a structured format including subjective observations as relayed to the physician from the patient, objective observations of the physician through the actual examination, assessment notes listing conclusions based on the subjective and objective observations, and a treatment plan. Following the basic examination and creation of progress notes, the physician may enter the diagnoses and procedures performed at the work station 14 (at step 162). The diagnoses and procedures may be listed and recorded using customized or automatic codes to aid in the billing process" which correspond to Appellant claimed feature (See Lavin, Col.8, lines 60-67 to Col.9, line 40). Therefore, Appellant's argument is not persuasive.

(3) With respect to Appellant third point of argument, the Examiner respectfully submitted that Lavin does suggest "All of this information, along with any information entered during the clinical visit via physician is preferably saved in the relational database temporarily stored in the workstation14 memory 20 and more permanently maintained in the server 12. This information may be retrieved by patient identification information" which correspond to Appellant's claimed feature (See Lavin, Col.9, lines 41-56). Therefore, Appellant's argument is not persuasive.

In response, the Examiner respectfully submits that obviousness is determined on the basis of the evidence as a whole and the relative persuasiveness of the arguments. See *In re Oetiker*, 977 F.2d 1443, 1445, 24 USPQ2d 1443, 1444 (Fed. Cir. 1992); *In re Hedges*, 783 F.2d 1038, 1039, 228 USPQ 685,686 (Fed. Cir. 1992); *In re Piasecki*, 745 F.2d 1468, 1472, 223 USPQ 785,788 (Fed. Cir. 1984); and *In re Rinehart*, 531 F.2d 1048, 1052, 189 USPQ 143,147 (CCPA 1976). Using this standard, the Examiner respectfully submits that he has at least satisfied the burden of presenting a *prima facie* case of obviousness, since he has presented evidence of corresponding claim elements in the prior art and has expressly articulated the combinations and the motivations for combinations that fairly suggest Applicant's claimed. Moreover, in the instant case, the Examiner respectfully notes that each and every motivation to combine the applied references are accompanied by select portions of the respective reference(s) which specifically support that particular motivation and/or an explanation based on the logic and scientific reasoning of one ordinarily skilled in the art at the time of the invention that support a holding of obviousness. As such, it is NOT seen that the Examiner's combination of references is unsupported by the applied prior art of record. Rather, it is respectfully submitted that explanation based on the logic and scientific reasoning of one ordinarily skilled in the art at the time of the invention that support a holding of obviousness has been adequately provided by the motivations and reasons indicated by the Examiner, *Ex parte Levengood*, 28 USPQ2d 1300 (Bd. Pat. App. & Inter., 4/22/93).

In response to Appellant's concern that the Examiner have ignored the mandate of the modern case law which clearly and explicitly hold that in order for the references to be combined in that the references must explicitly teach or suggest every element of the combination as well as how to use such a combination, the Examiner respectfully submits that Applicant misinterprets the some of the case law cited. For example, the Court in *In re Fritch* stated "[The Examiner] can satisfy this burden only by showing some objective teaching in the prior art or that knowledge generally available to one of ordinary skill in the art would lead that individual to combine the relevant teachings of the references. [emphasis added]" *In re Fine*, 837 F.2d 1071, 1074, 5 USPQ 2d 1596, 1598 (Fed. Cir. 1988) (citing *In re Lalu*, 747 F.2d 703, 705, 223 USPQ 1257, 1258 (Fed. Cir. 1988)). Each applied reference does not expressly suggest combination with the other respective references; however, the Examiner has shown that motivation for combining the references existed in the prior art. The "modification" referred to in *In re Fritch* involves extensive changes to the primary references. Such is not the case in the present combinations, where all modifications proposed by the Examiner are specifically taught by the references and that knowledge generally available to one of ordinary skill in the art. Therefore, the combination of references is proper and the rejection maintained.

In addition, the Examiner recognizes that references cannot be arbitrarily altered or modified and that there must be some reason why one skilled in the art would be motivated to make the proposed modifications. However, although the Examiner agrees that the motivation or suggestion to make modifications must be articulated, it is respectfully contended that there is no requirement that the motivation to make modifications must be expressly articulated within the references themselves.

References are evaluated by what they suggest to one versed in the art, rather than by their specific disclosures, *In re Bozek*, 163 USPQ 545 (CCPA 1969).

The Examiner is concerned that Appellant apparently ignores the mandate of the numerous court decisions supporting the position given above. The issue of obviousness is not determined by what the references expressly state but by what they would reasonably suggest to one of ordinary skill in the art, as supported by decisions in *In re DeLisle* 406 Fed 1326, 160 USPQ 806; *In re Kell, Terry and Davies* 208 USPQ 871; and *In re Fine*, 837 F.2d 1071, 1074, 5 USPQ 2d 1596, 1598 (Fed. Cir. 1988) (citing *In re Lalu*, 747 F.2d 703, 705, 223 USPQ 1257, 1258 (Fed. Cir. 1988)). Further, it was determined in *In re Lamberti et al*, 192 USPQ 278 (CCPA) that:

- (i) obviousness does not require absolute predictability;
- (ii) non-preferred embodiments of prior art must also be considered; and
- (iii) the question is not express teaching of references, but what they would suggest.

Further, according to *In re Jacoby*, 135 USPQ 317 (CCPA 1962), the skilled artisan is presumed to know something more about the art than only what is disclosed in the applied references. In *In re Bode*, 193 USPQ 12 (CCPA 1977), every reference relies to some extent on knowledge of persons skilled in the art to complement that which is disclosed therein.

According to *Ex parte Berins*, 168 USPQ 374 (Bd. Appeals), there is no statutory limitation as to the number of references that may be used to demonstrate obviousness...not what references expressly state but what they would reasonably suggest to one of ordinary skill in the art. In *In re Conrad*, 169 USPQ 170 (CCPA), obviousness is not based on express suggestion, but what references taken collectively would suggest.

As such, it is respectfully submitted that an explanation based on logic and sound scientific reasoning of one ordinarily skilled in the art at the time of the invention that support a holding of obviousness has been adequately provided by the motivations and reasons indicated by the Examiner both in the present Office Action as well as the prior Office Action, *Ex parte Levengood*, 28 USPQ2d 1300 (Bd. Pat. App. & Inter., 4/22/93).

As such, it is respectfully submitted that Appellant appears to view the applied references, separately and in a vacuum, without considering the knowledge of average skill in the art, and further fails to appreciate the breadth of the claim language that is presently recited. The skilled Artisan would not consider the prior art embodiments in a vacuum, but would have had the motivation to combine the advantageous features of the prior art in the manner purported by the Examiner for the reasons and motivations given in the prior Office Action. Thus, the teachings of Lavin, Iliff, Evans and Walker when considered with the knowledge that is generally available to one of ordinary skill in the art make obvious the limitations that Appellant disputes. Therefore, Appellant's argument is not persuasive.

(4) With regard to Appellant fourth point of argument, it is respectfully submitted that Examiner has already been addressed this argument in Paragraph (3) above, and Appellant's argument is not persuasive.

(5) With regard to Appellant fifth point of argument, it is respectfully submitted that Lavin has been clearly shown "The diagnoses and procedures may be listed and recorded using customized or automatic codes to aid in the billing process" which correspond to Appellant claimed feature (See Lavin, Col.9, lines 29-40; Col.16, lines 1-16). Therefore, Appellant argument is not persuasive.

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For the above reasons, it is believed that the rejection should be sustained.

Respectfully submitted,

Vanel Frenel (V.F.)

Patent Examiner

Art Unit 3626

October 26, 2005

J.T.

Joseph Thomas

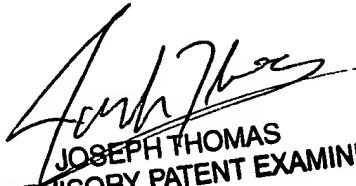
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